

CAPITAL PROJECT REQUEST FORM

Fund (s) _____

Submitted by _____

Department & Activity _____

Date Prepared _____

Contact Person _____

Project Title _____

Rated Departmental Priority _____

Location _____

Purpose of Request (Check One)

☐ Add new item to Department/Activity

☐ Delete an item on the approved CIP

☐ Modify or move a project on the approved CIP

Full Project Description *(Please segregate land, building, and equipment costs if applicable)*

Justification & Useful Life

Capital Costs

Fund

Financing

Fiscal Year _____	\$ _____
Fiscal Year _____	\$ _____
Fiscal Year _____	\$ _____
Fiscal Year _____	\$ _____
Fiscal Year _____	\$ _____
Fiscal Year _____	\$ _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Effect on Operating Costs

Direct Costs

Personnel	No. _____ \$ _____
Contractual	_____
Materials/Supply	_____
Equipment	_____
Utilities	_____
Other Costs	_____
Subtotal	_____

Indirect Costs

Fringe Benefits (28%)	_____
Admin Costs	_____
Subtotal	_____

Total Operating Costs _____

Effect on Revenues

Est. New Taxes	\$ _____
Est. New User Fees	_____
Est. New Program Fees <i>(detail on sep sheet)</i>	_____
Gain from sale of Assets	_____

Total Increase in Revenues \$ _____ \$ _____

Finance Staff

Debt Service	FY__	FY__	FY__	FY__	FY__
Impact	_____	_____	_____	_____	_____

Director Signature _____